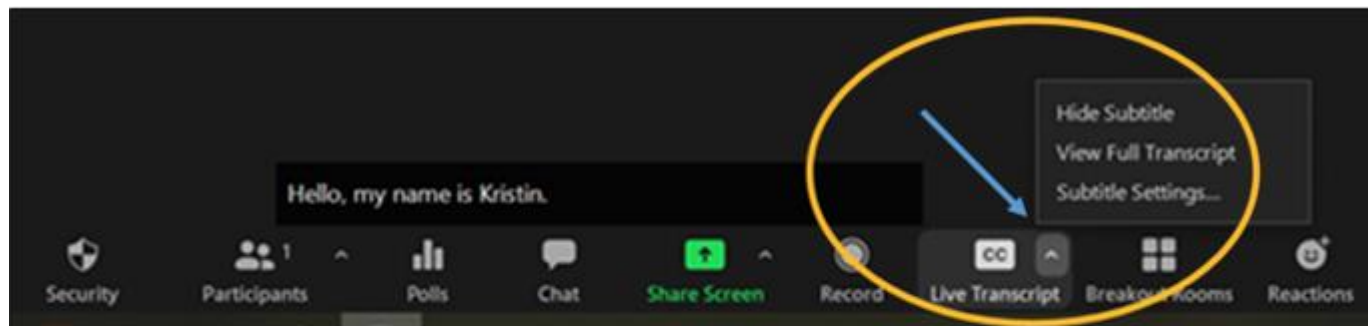


Closed Captions

- Pueden acceder a los subtítulos en español a través del enlace compartido en el chat.

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For English Closed Captions:



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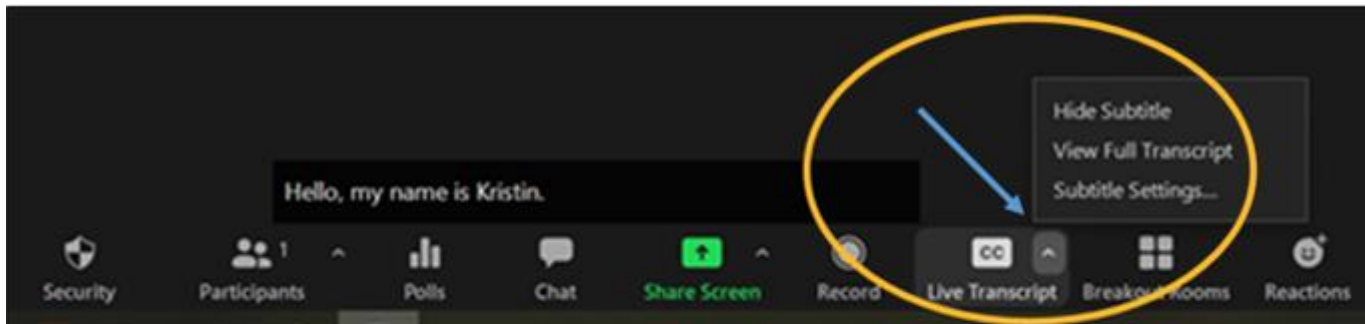
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01/07/2025

**State Health Assessment Steering
Committee Meeting
February 10, 2025**

Closed Captions

- Pueden acceder a los subtítulos en español a través del enlace compartido en el chat.
- For English Closed Captions:



Click the small arrow next to “CC Live Transcript” to access caption controls. You can hide the subtitles or view the full transcript.

Public Meeting

Members of the public welcome!

- Conversation space is held for committee members
- We will hold space for public comments in the final 10 minutes of the meeting.
 - If there are multiple members of the public who would like to speak, we will limit speaking time to 2 minutes per person

OHA Staff

- Jameela- Steering Committee+ Community Engagement Lead
- Rose- SHA Data/Assessment Lead
- Victoria- SHA Lead, Internal Engagement and Communications
- Sara- Manager; Fiscal and Leadership Support
- Cintia- Healthier Together Oregon Strategist



MetGroup Facilitation Team



Kirsten Gunst, Senior Director



Debra Clark, Director



Kristin Gimbel, Executive Vice
President

Group Agreements

- 1. Lean forward, lean back.** *Share space. Allow room for different opinions. Don't be afraid to share your perspective! This is a judgment-free zone.*
- 2. Curiosity is queen.** *Be open to continuous learning along the way.*
- 3. Explain and unpack jargon and acronyms.**

4. Be present, be authentic. *Show up as fully as you can in the way that is most comfortable for you. ("Be present, be authentic", as a way to invite others to feel comfortable being present at the table as themselves, and meet others in the same way?)*

5. Honor all experiences and expertise. *Appreciate others as human beings with abundant and interconnected experiences.*

6. Extend grace to each other and to ourselves. *Assume best intentions.*

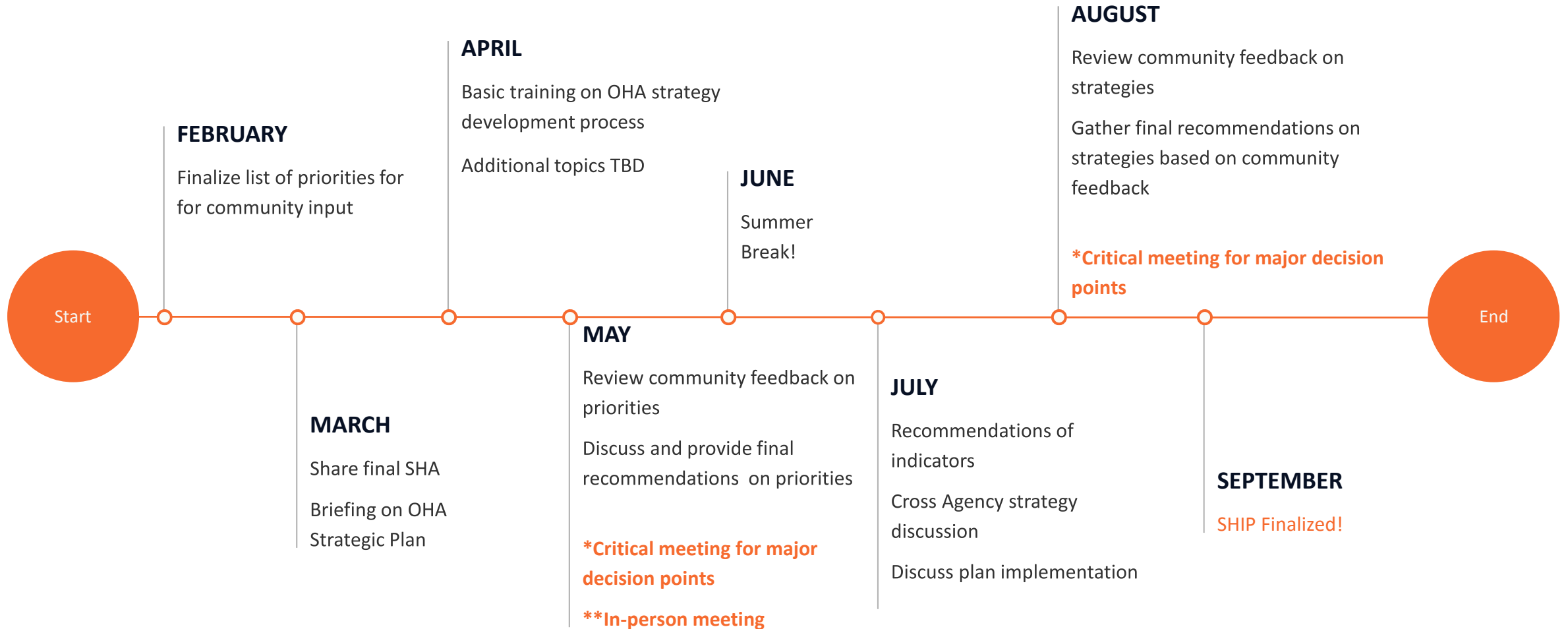
Agenda

- Team Overview, Group Agreements
- Welcome new Steering Committee member, Jolene!
- SHA Update
- SHIP Context and Steering Committee timeline
- Priorities; lessons learned and proposed priorities for input
 - 2 Break Out Rooms- Choose 2 priority topics to discuss in a smaller break out room
- Next steps
- Public comment
- Closing

Welcome Jolene!

2025 Arc of Work

Oregon State Health Assessment Steering Committee Monthly Focus & Priorities



Overview of SHIP



Framing- Sharing our values, mission and vision for the work. This is where we can talk about equity, access, institutional biases and the current landscape in which we are planning to do the work



Priorities- High-level identification of what matters most or what we're hoping to achieve



Strategies- How we intend on doing the work to address our priorities



Metrics- How we measure the work being done

State Health Improvement Plan

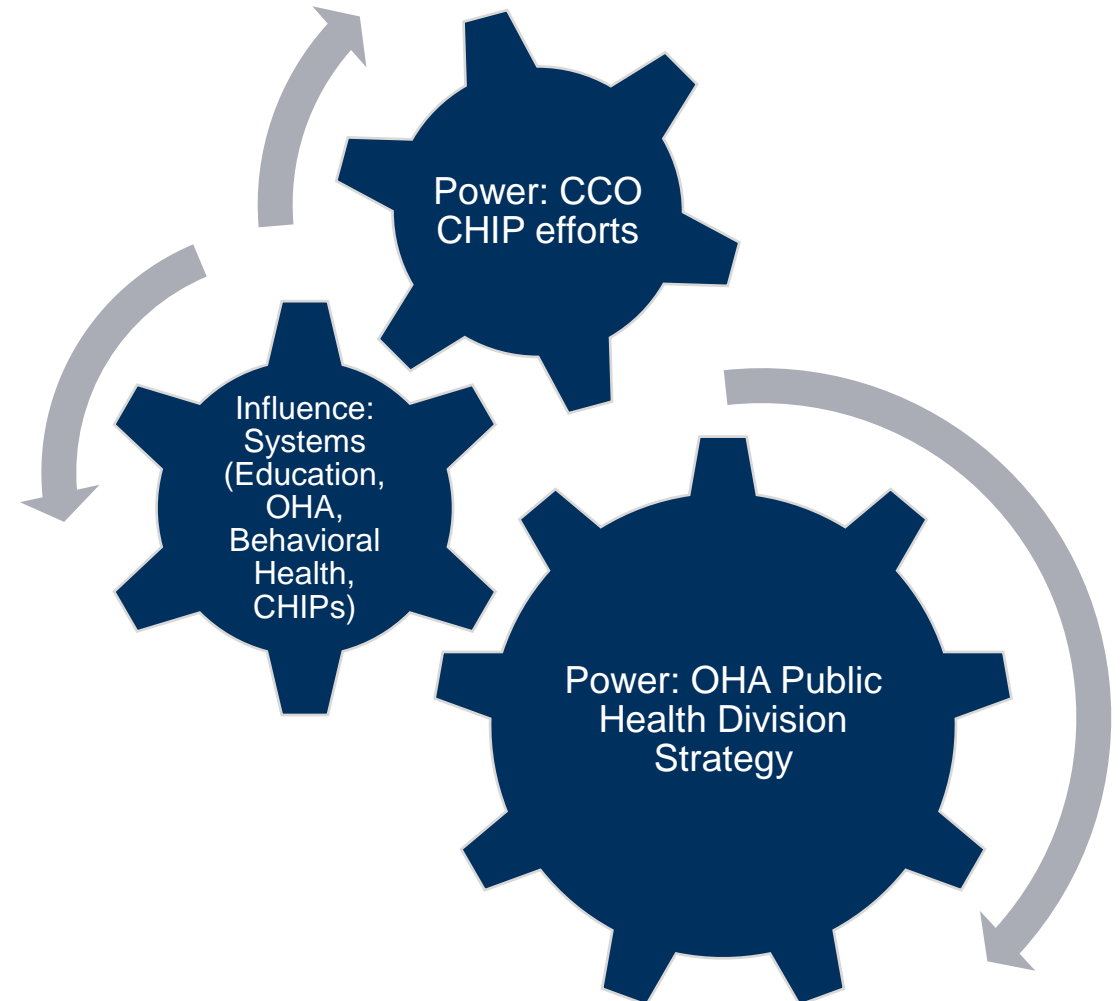
- A roadmap that outlines strategies to address our state's biggest health priorities
- Inform policy, partnerships, and investments for OHA and other state agencies. Alignment with OHA's strategic Plan.
- **Healthier Together Oregon (HTO)** was the first time this process prioritized community voice

Role of this Steering Committee

- Using your individual, personal and professional lens/networks to provide guidance and recommendations to OHA Staff
- Establish priorities for 2025 SHIP
- Identify preferred strategies

Revision of Priorities

Previous priorities were important, but did not align with OHA PHD's capacity, scope and levers of power



2020-2024 SHIP Priorities

- Institutional bias
- Adversity, trauma, and toxic stress
- Behavioral health
- Economic drivers of health, such as housing, transportation and living wage jobs
- Access to equitable preventive health care

Institutional Bias

Intention

- Institutions should serve people equally. Institutions include governments, health care and higher education.
- Our data and experiences show that institutions do not live up to that. Instead, resources, policies and practices of institutions discriminate. It is easier to work with institutions and have better outcomes if the person or community is white, able-bodied, cis-gendered and speaks English. This discrimination results in adverse health outcomes for affected groups. These include people of color, people with low income, people with disabilities and people who identify as LGBTQ+.

Lessons learned

- Critical underpinning of health equity work; these concepts will be the foundation and strategies within all our work.
- Challenging to operationalize as written
- Challenging to track
- Few CHIPs selected this as a priority

Behavioral health

Intention

- Behavioral health includes mental health and substance use. Substance use is the third leading cause of death in our state. Also, Oregon has one of the highest rates of mental illness in the country.
- Mental distress can lead to:
 - Lower quality of life, unemployment, increased rates of suicide, increased use of alcohol and other drugs

Lessons learned

- Public Health looks at population level interventions and prevention efforts, suicide prevention programming, home visits for new parents, and harm reduction as well as provides services via school-based health centers (SBHCs). Generally, we do not provide ongoing BH services.
- This is a critical public health topic, and other internal partners, such as the OHA Behavioral Health Division, are leading much of this work

Economic Drivers of Health

Intention

- Health depends on access to safe housing, food, jobs and transportation.
- Poverty strongly predicts poor health. Many households struggle to get out of poverty. This is the case even if a person has a job. The reason for this is the high cost of living or raising a family.

Lessons learned

- Concepts related to the importance of this topic will be uplifted throughout our other strategies and priorities
- Public health at the state and local levels work to provide or connect people to necessary services that can be income-dependent, such as food, cancer screenings, prevention, immunization services and treatment.

Access to equitable preventive health care

Intention

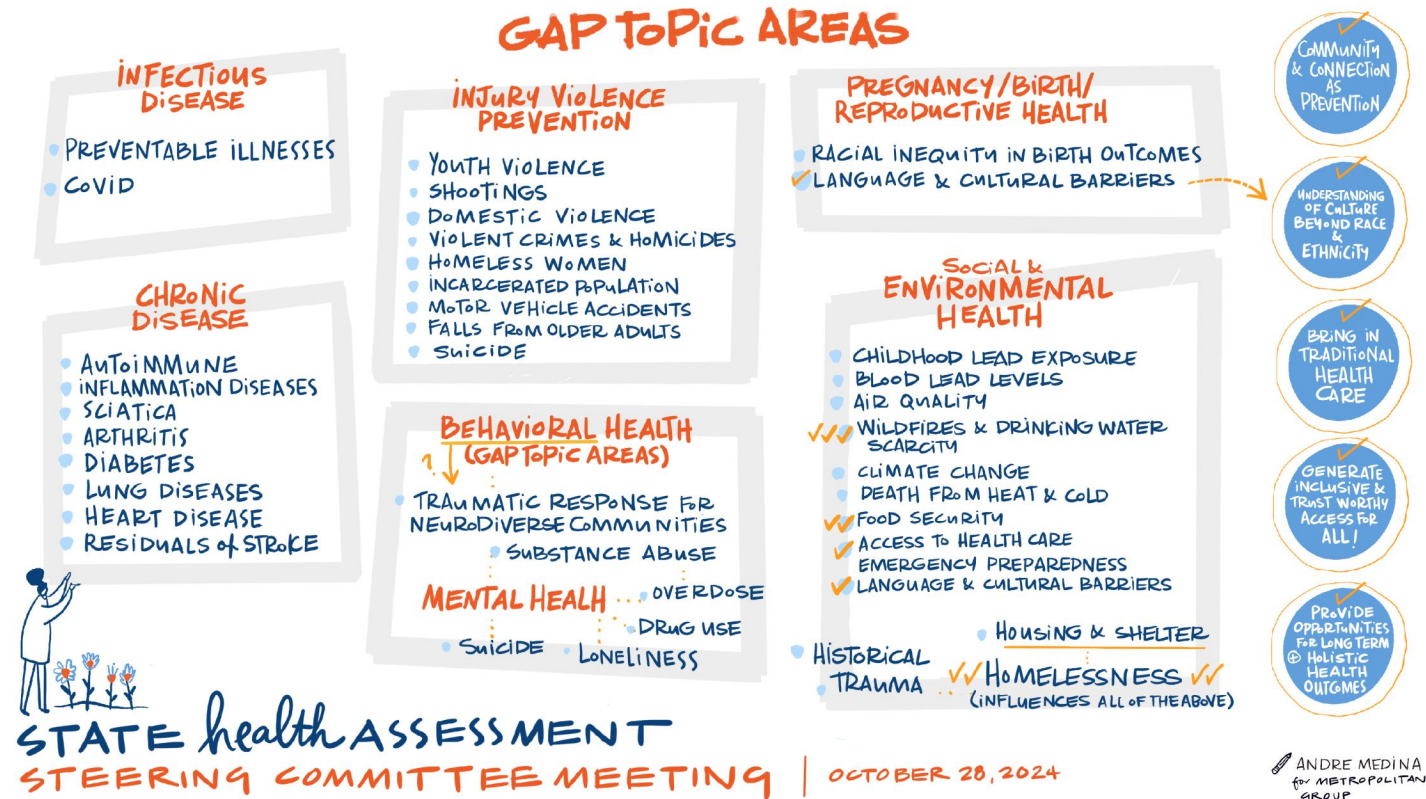
- A higher number of people now have health insurance. Still, it is hard for many to get to a health care provider or see a dentist. One reason is because they do not feel comfortable with their provider due to language barriers or cultural difference.
- Other reasons include:
 - Provider shortages
 - Transportation barriers

Lessons learned

- This continues to be a priority and a topic we hear about from community
- We've proposed a priority that includes concepts related to this within the scope of PH

Considerations when designing new priorities

- SPHI Conversations
- What is actionable from PH
- Lessons learned from HTO
- Scope based on resources, capacity and external factors
- Reviewed other SHIPs



Proposed priorities (DRAFT)

- This is NOT a final product. This is something we are hoping to take out to community for their input

Steering Community Values + Lessons Learned (done!)



OHA Staff composed updated draft priorities (today)

Community input gathering (March-April)

Steering Committee finalizes recommendations in May

Proposed Priorities- FOR COMMUNITY INPUT

Healthy Communities, Neighborhoods and Climate

Life Course Wellbeing and Community Health

Physical, Mental and Systemic Safety

Mental Wellbeing, Behavioral Health

Equitable Social Conditions

Proposed: Healthy communities, neighborhoods, and environment

Public health work includes the following areas:

- Healthy air for all
- Safe water for all
- Fire mitigation, protection, prevention and recovery
- Homes free of environmental hazards (eg, extreme heat, cold, lead)
- Emergency and disaster preparedness that meets everyone's needs and abilities.

Proposed: Life course wellbeing and community health

Public health includes the following programs and activities:

- Prevention and treatment of chronic and acute diseases
- Prevention and treatment of communicable diseases (for example: STDs/STIs, COVID, RSV)
- Care and resources for people for their entire lifespan; pregnancy, infancy, childhood, youth, adult, and older adults.
- Immunizations
- Access to nutritious foods
- Culturally tailored/specific interventions in each of these areas
- Language access

Proposed: Physical, Mental and Systemic Safety

Public Health includes programs and activities:

- Trauma informed approaches to violence prevention, individual and community healing
- Institutions and systems that are working to remove biases
- Protection from the bodily and psychological effects of interpersonal violence, including firearms and other weapons, intimate partner violence, and violence based on race, ethnicity, gender, religion or other personal characteristic

Proposed: Mental wellbeing, behavioral health

Public health includes programs in the following areas:

- Mental and behavioral health at schools through school-based health centers (SBHCs)
- Community building via local programming
- Home visits for households with infants and young children
- Community specific engagement and education
- Supporting local programs on injury and violence prevention
- Suicide prevention
- Harm reduction

Proposed: Equitable Social Conditions

Public health provides access to:

- Culturally responsive foods for families with young children
- Cancer screenings
- Preventive care and services, such as dental, behavioral health, smoking cessation, etc.
- Immunization services and treatment for chronic conditions.
- Healthy housing
- Language access

Advocates and participates in:

- Supportive systems of care; childcare, care for older adults and people with disabilities
- Accessible respite care
- Transportation is available and responsive to community and individual needs.
- Culturally responsive and relevant care
- Ensuring that people can make the best decisions for their health through a full range of services

We are asking you:

- We would love your guidance to help us present these clearly and accurately.
- What changes would the SC recommend today to the proposed priorities?
- Can we take these priorities out to community for their feedback/input?

Reminders:

- Please be mindful of talk time. Our facilitators may ask for you to conclude your thoughts if you speak more than 3 minutes.
- Facilitators will be there to capture feedback and provide prompts as needed

Let's talk!

- Choose 2 topics you'd like to discuss. We will be in break out rooms for 15 minutes. We will debrief as a group and then go into another break out room
- Topics
 - Healthy communities, neighborhoods and environment- Victoria
 - Life course wellbeing and community health- Sara
 - Physical, mental and systemic safety- Kristin
 - Mental wellbeing, behavioral health- Rose
 - Equitable Social conditions- Cintia
 - **Other- SOMETHING IS MISSING AND I WANT TO TALK ABOUT IT- Jameela**

Discussion/Break Out Rooms

Debrief

SHA Update

- Content coordination
 - Data updates
 - Visualizations
 - Writing from PHD SMEs
- Draft to be completed by March

Next up

- We will be working to incorporate your feedback
- Community Engagement Subcommittee:
 - What framing and information should we share with community when we go out to gather input?

Public Meeting

- Members of the public welcome!
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Thank you!

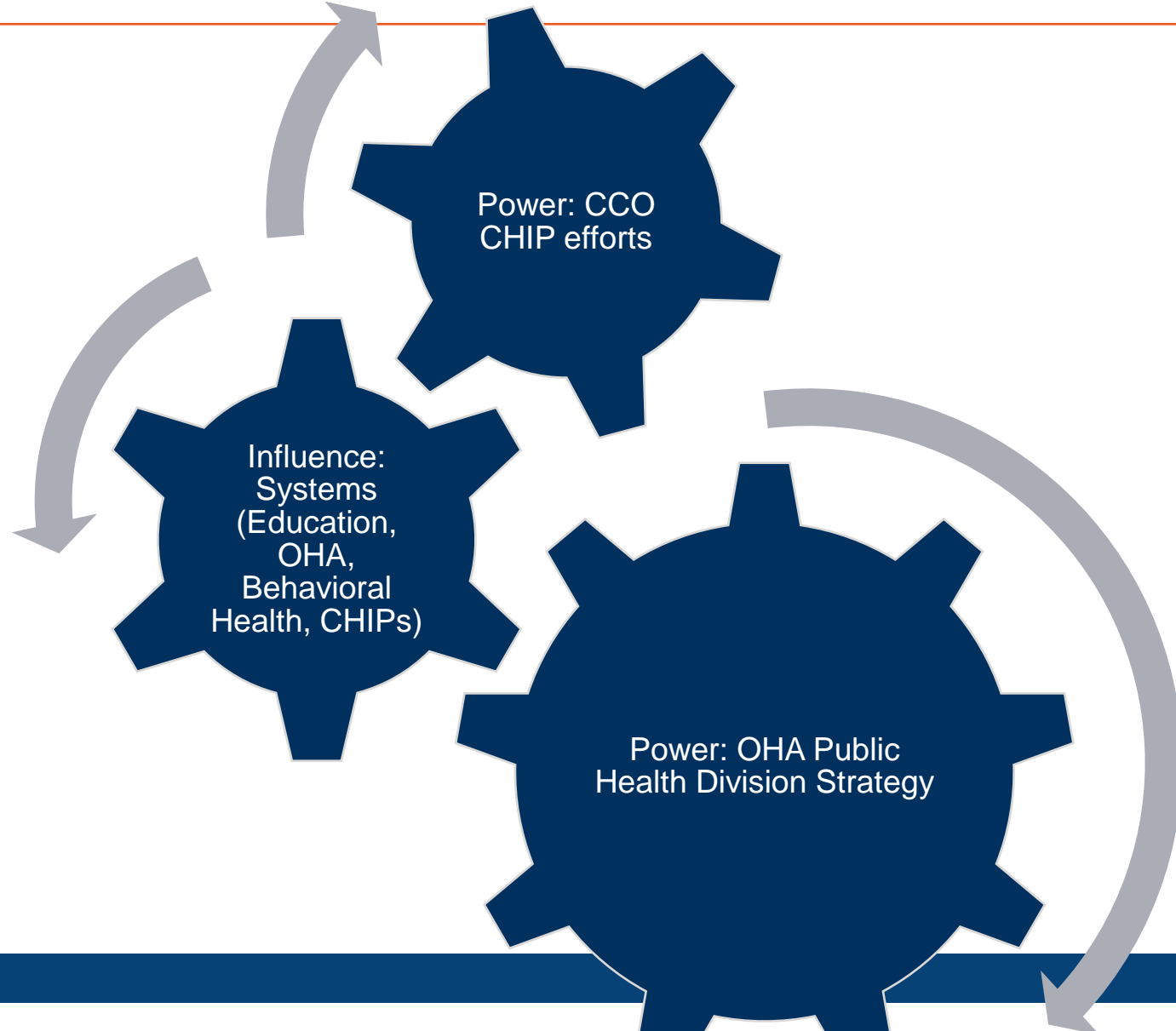
Contact Jameela Norton with any questions, concerns, thoughts, or feedback you'd like to share jameela.norton@oha.Oregon.gov




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Extra/Reference Slides

Power and Influence of SHIP



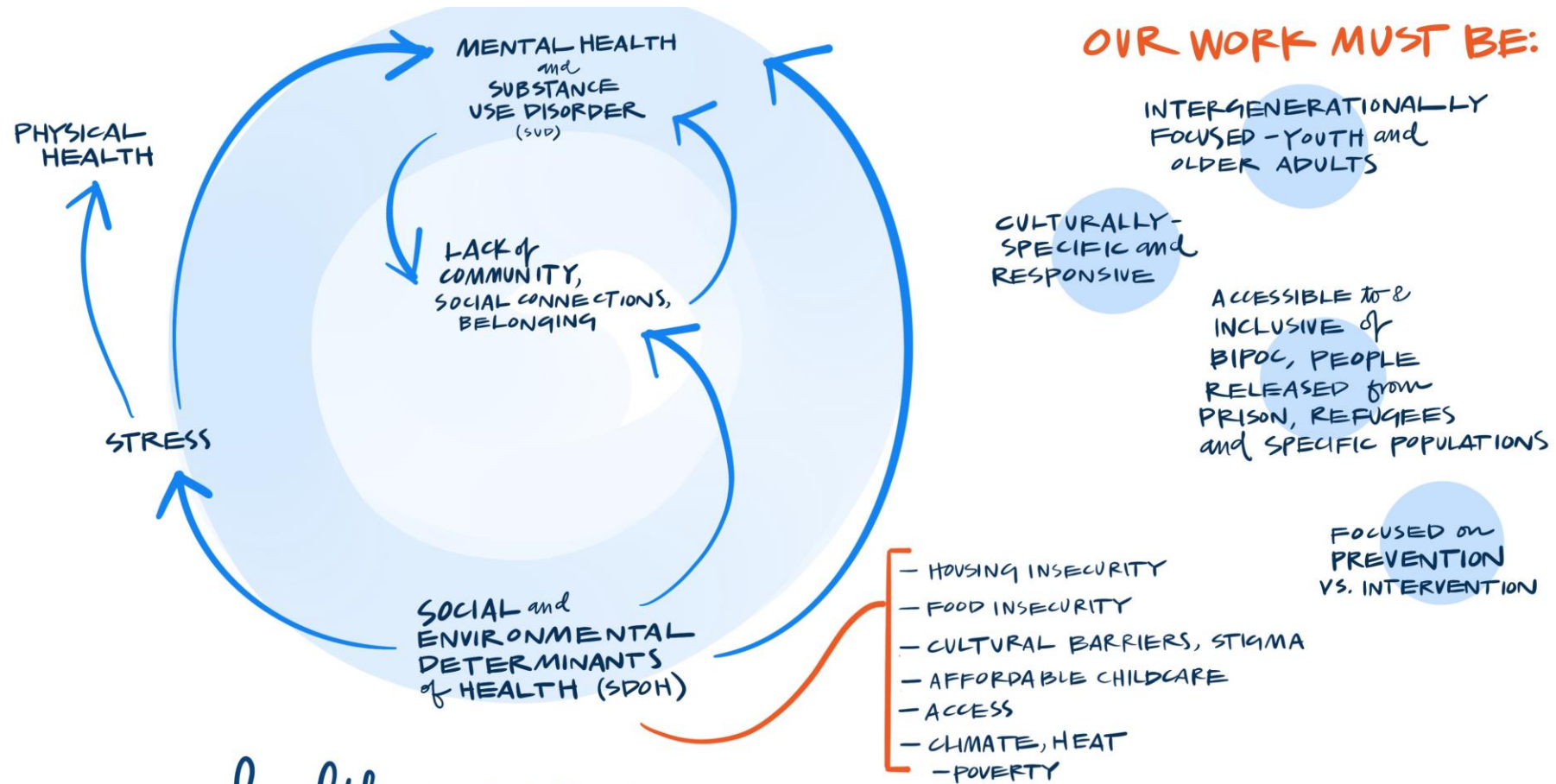
Acronym Check

- CBO- Community Based Organization
 - CHA- Community Health Assessment
 - CHIP - Community Health Improvement Plan
 - LPHA- Local Public Health Authority
 - OHA- Oregon Health Authority
 - PHD- Public Health Division
 - SHA- State Health Assessment
 - SHIP- State Health Improvement Plan
- 

Acronym Check Continued

- SPA – Starting Point Assessment
- REALD- Race Ethnicity, Language and Disability
- SOGI- Sexual orientation or gender identity
- Census- United States Census
- BRFSS- Behavioral Risk Factor Surveillance Survey
- SPHI- State Population Health Indicator

Health Topic Priorities



STATE health ASSESSMENT
STEERING COMMITTEE MEETING | OCTOBER 21, 2024

REILLY DOW
for METROPOLITAN
GROUP

GAP TOPIC AREAS

INFECTIOUS DISEASE

- PREVENTABLE ILLNESSES
- COVID

CHRONIC DISEASE

- AUTOIMMUNE INFLAMMATION DISEASES
- SCIATICA
- ARTHRITIS
- DIABETES
- LUNG DISEASES
- HEART DISEASE
- RESIDUALS OF STROKE

INJURY VIOLENCE PREVENTION

- YOUTH VIOLENCE
- SHOOTINGS
- DOMESTIC VIOLENCE
- VIOLENT CRIMES & HOMICIDES
- HOMELESS WOMEN
- INCARCERATED POPULATION
- MOTOR VEHICLE ACCIDENTS
- FALLS FROM OLDER ADULTS
- SUICIDE

BEHAVIORAL HEALTH (GAP TOPIC AREAS)

- TRAUMATIC RESPONSE FOR NEURODIVERSE COMMUNITIES
 - SUBSTANCE ABUSE

MENTAL HEALTH

- OVERDOSE
- DRUG USE
- SUICIDE
- LONELINESS

PREGNANCY/BIRTH/REPRODUCTIVE HEALTH

- RACIAL INEQUITY IN BIRTH OUTCOMES
- ✓ LANGUAGE & CULTURAL BARRIERS

SOCIAL & ENVIRONMENTAL HEALTH

- CHILDHOOD LEAD EXPOSURE
- BLOOD LEAD LEVELS
- AIR QUALITY
- ✓✓ WILDFIRES & DRINKING WATER SCARCITY
- CLIMATE CHANGE
- DEATH FROM HEAT & COLD
- ✓✓ FOOD SECURITY
- ✓ ACCESS TO HEALTH CARE
- ✓ EMERGENCY PREPAREDNESS
- ✓ LANGUAGE & CULTURAL BARRIERS

- HISTORICAL TRAUMA
- HOUSING & SHELTER
- ✓✓ HOMELESSNESS ✓✓ (INFLUENCES ALL OF THE ABOVE)

✓ COMMUNITY & CONNECTION AS PREVENTION

✓ UNDERSTANDING OF CULTURE BEYOND RACE & ETHNICITY

✓ BRING IN TRADITIONAL HEALTH CARE

✓ GENERATE INCLUSIVE & TRUST WORTHY ACCESS FOR ALL!

✓ PROVIDE OPPORTUNITIES FOR LONG TERM ⊕ HOLISTIC HEALTH OUTCOMES



STATE health ASSESSMENT
STEERING COMMITTEE MEETING

OCTOBER 28, 2024

✍ ANDRE MEDINA
for METROPOLITAN GROUP

We look forward to connecting with you again in 2025

Jameela Norton, MPH

Health Improvement Strategy

Jameela.norton@oha.Oregon.gov

Public Health Division

Office of the State Public Health Director

